CITY OF MIAMI SPRINGS 201 Westward Drive

(305) 805-5030 Fax: (305) 805-5036



PERMIT APPLICATION

Date Square Footage	Permit Estimated Cost		
Linear Footage			
Type of Permit: () Building () Plumbing () E	Electrical () Mechanical () Re	oofing () Sign () Misc. () PSU	
Property Owner's Name:	Day Time Phone Number:		
Owner's Address:			
City:	State:	Zip:	
Work Site Address:			
City:	State:	Zip:	
Legal Description (Include Folio #)			
Contractor's Name:	Phone Number:		
Contractor's Address:			
City:	State:	Zip:	
Architect/Engineer's Name	Phone Number		
Architect/Engineer Company Address			
City:	State:	Zip:	
Work Description:			
Application is hereby made to obtain a permit to do the w commenced prior to the issuance of a permit and that all v construction in this jurisdiction. I understand that a separ Furnaces, Boilers, Heaters, Tanks, Air Conditioning, Driv Owner's Affidavit: I certify that all the foregoing informal laws regulating construction and zoning.	work will be performed to meet the state permit must be secured for Electiveways, Portable Storage Units, ETC	tandards of all laws regulating rical, Plumbing, Signs, Wells, pools,	
WARNING TO OWNER: YOU FAILURE TO RECO PAYING TWICE FOR IMPROVEMENTS TO YOU CONSULT WITH YOUR LENDER OR AN ATTOR COMMENCEMENT!	R PROPERTY. IF YOU INTEND	TO OBTAIN FINANCING,	
Signature	Signature		
Owner Sworn to and subscribed before me by	Sworn to an	Contractor Sworn to and subscribed before me by	
Who is personally known to me or produced	Who is person	Who is personally known to me or produced	
As identification, this day of		tion, this day of	
20 Notary's Signature	20 Notary's Signature		
Printed Name of Notary		Printed Name of Notary	
Approvals: Bldg Struct Elect	Plumb Mech	Code (PSU)	